STATE OF CALIFORNIA

11

TRAVE	LEXPEN	ISE CLAIM			See	Instruction	ons and *Pr	rivacy									
ELECTRONIC STD. 262 (REV. 04/95) Statement Or							Reverse Side						Page of Pages				
CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER*						DEPARTMENT				
Matthew R. Bettenhausen							<u> </u>						California Emergency Management				
POSITION CB/ID NUMBER Secretary E99							DIVISION OR BUREAU Executive					INDEX NUMBER					
RESIDENCE*						HEADQUARTERS ADDRESS					TELEPHONE NUMBER						
							3650 Schriever Ave.							916-324-8908			
Sacramento CA					ZIP	95833	Mather						CA			CODE 655	
(1) MONTH/YEAR (3)		(4)	(5)				(6)	(7)	TRANSPORTATIO				(8)	(9)			
June 2010		LOCATION WHERE EXPENSES	LODGING	BREAK- FAST		LUNCH	O.T., L/T, N/C, RELO.	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C)	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY		
DATE TIME		WERE INCURRED	LODGING				N/C, RELO. OR DINNER				TOLLS, PARKING						
2-Jun		Sacramento									\$ 2.50				\$	2.50	
2-Jun	20:00	Sacramento to San Luis Obispo	\$ 94.13												\$	94.13	
3-Jun		San Luis Obispo San Luis Obispo to		\$	6.00	\$ 10.00	\$ 18.00	\$ 6.00		 		+			\$	<u>134.1</u> 3	
4-Jun	20:30	Sacramento		\$	6.00	\$ 10.00	\$ 18.00	\$ 6.00			\$ 1.50				\$	41.50	
														t 200 00			
1-Jun												 		\$ 300.00	\$	300.00	
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(10) SUBTOTALS \$ 188.26 \$ 1			2 00	\$ 20.00	\$ 36.00	\$ 12.00			\$ 4.00			\$ 300.00	\$	572.26			
		. USE ONLY)	100.20	Ψ 1	2.00	\$ 20.00	\$ 36.00	3 12.00			3 4.00		Vilgota	\$ 300.00		312.20	
	CLAIM TO	TAL													\$	572.26	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)												(12) NORMAL WORK HOURS					
6/2: Parking 6/3-4: Cal C		mor's luncheon meeting.					***************************************				15-10		9:00 - 6: TE VEHICLE LIC	OU Ense number	-		
		Annual Meeting.									_	100000000000000000000000000000000000000	ge rate clain 48.5¢/M				
												AGEN	CY ACCOUN	TING OFFICE			
												PAID BY	STATE OF THE PERSON NAMED IN	ONLY IND CHECK NUMBER			
		bove is a true statement of the travel															
If a privately owne claimed, and that i	d vehicle was us	ed, and it milage rates exceed the mini quirements as prescribed by SAM Sect	imun rate, I certify the tion 0750, 0751, 0752,	e cost o . 0753, a	of operations operations of operations operations of operations of operations of operations operations of operations of operations of operations operations operations of operations operation	pertaining to ve	ehicle safety and s	eater than the rate eat belt usage.									
	009802000 00000 0	Mo 2.) _	6	DATE	8/	0	(16) SIC************************************	1 to 100 to	JVING	TRAVEL	AND PAYMEN	IT .		DATE	1D)	
17) SIGNATUR	F	FOR SPECIAL E	EXPENSES (See 1				·	-						DATE	-		
→														6/4/1	0		